PTO/SB/21 (09.09)

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Olider the Paperwork Acade to 1995. He bersons	Application Number	10/811,055	OII UIIIESS IC	displays a valid OND CONTO Humper.			
TRANSMITTAL	Filing Date	March 26, 2004					
FORM	First Named Inventor	John B. Cline					
	Art Unit	3761					
(to be used for all correspondence after initial filing)	Examiner Name	Michael G. Bogart					
Total Number of Pages in This Submission 11	Attorney Docket Number	1636-135					
ENCLOSURES (Check all that apply)							
Fee Attached  Amendment/Reply  After Final	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation		Appea of Appea Appea (Appea	Allowance Communication to TC  If Communication to Board heals and Interferences If Communication to TC hal Notice, Brief, Reply Brief) hetary Information			
Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement	Change of Correspondence A Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	Address Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard					
Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53							
	F APPLICANT, ATTO	RNEY, OR A	GENT				
Firm Name  EPSTEIN DRAMGEL BAZERMAN & JAMES, LLP  Signature							
Printed name Robert L. Epstein							
Date September 9, 2008	F	Reg. No. 264	51				
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature							
Typed or printed name Robert L. Epstein			Date	September 9, 2008			

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PTO/SB/17 (10-07)

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Effective on 12	/08/2004.	espond to a collection of information unless it displays a valid OMB control number  Complete if Known			
Fees pursuant to the Consolidated App		Application Number	10/811,055		
FEE TRAN	ISWIII IAL	Filing Date	March 26, 2004		
For FY	2008	First Named Inventor	John B. Cline		
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	Michael G. Bogart		
		Art Unit	1771		
		Attomey Docket No.	1636-49 -/3		
METHOD OF PAYMENT (chec	k all that apply)				
Check Credit Card	Money Order No	ne Other (please in	dentify):		

TOTAL AMOUNT OF PAY	MENT (\$)			Attomey Docke	t No. 163	6- <b>#7 -/</b> 3_	<u> </u>
METHOD OF PAYMEN	METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 502978 Deposit Account Name: EPSTEIN DRANGEL  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments							
under 37 CFF WARNING: Information on this information and authorization	s form may be	come public. Credi	t card info				Provide credit card
FEE CALCULATION							
1. BASIC FILING, SEAF	FILING			CH FEES Small Entity		ATION FEES Small Entity	
Application Type	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims  Small Entity Fee (\$)  25  25  105  105  185							
Total Claims	Extra Clair	ns Fee (\$)	Fee	Paid (\$)			ependent Claims
- 20 or HP =		×	_=	<del></del>		Fee (\$)	Fee Paid (\$)
HP = highest number of tota Indep. Claims - 3 or HP = HP = highest number of inde	Extra Clair	ns <u>Fee (\$)</u> x	. =	Paid (\$)			
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e.g., late filing surcharge):							

SUBMITTED BY	1 111. 15		
Signature		Registration No. (Attorney/Agent) 26451	Telephone (212) 292-5390
Name (Print/Type	Robert L. Epstein		Date September 9, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

John B. Cline

Serial No.: 10/811,055

New York, New York 10165

September 9, 2008

Filed:

March 26, 2004

For:

CONTROLLED EVACUATION OSTOMY

DEVICE WITH EXTERNAL SEAL

Examiner: Michael G. Bogart

Art Unit:

3761

1636-135

**Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

## <u>AMENDMENT</u>

Responsive to the Office Action dated June 9, 2008, please amend the application as follows: